	refer to a debtor filing alone. A married couple may file a bankruptcy case	12/15
Voluntary Petition for Individual	s Filing for Bankruntey	10/15
Official Form 101		
	PS REP KIVI	
	Chapter 13  Chapter 13  JEFFREY P  ALLSTEADT, CLERKended filing  PS REP KIVI	
	Chapter 13	an
	FFR 18 ZUID	
	14000	
	Chapter 7 NORTHERN DISTRICT OF ILLINOIS	
Case number (if known):	Chapter you are filing under STATES BANKRUPTCY COURT  Chapter 7 NORTHERN DISTRICT OF ILLINOIS	
NORTHERN DISTRICT OF ILLINOIS		
United States Bankruptcy Court for the:		
Fill in this information to identify you	r case: f 45	
Case 16-05264 Doc 1		ይ <b>ለላቆፎስ</b> ή6 12:40:02 <sub>i</sub>

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

F	art 1: Identify Yourself		
1.	Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Write the name that is on your government-issued picture identification (for example,	VANESSA First Name	First Name
	your driver's license or passport).	Middle Name	Middle Name
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First Name	First Name
	Include your married or maiden names.	Middle Name	Middle Name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 6 1 7 0 OR 9xx - xx -	XXX - XX - OR 9XX - XX -
4.	Any business names and Employer Identification Numbers	I have not used any business names or EiNs.	I have not used any business names or EINs.
	(EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and doing business as names	Business name	Business name
		Business name	Business name

Debtor 1	<b>VANES 9</b> 6-05264 First Name	Doc 1 Fil <b>KMBA¥1</b> 8/16	Entered @ 2/14/6/6/6/6/6/14/4/107:24 Desc/Mains 12:40:02
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
		EIN	EIN
5. Whe	re you live	EIN	EIN
J. 11116	ie you nie		If Debtor 2 lives at a different address:
		Number Street	Number Street
		CHICAGO IL 606	
		City State ZIP C	Code City State ZIP Code
		COOK County	County
		If your mailing address is different the one above, fill it in here. Note court will send any notices to you at mailing address.	that the from yours, fill it in here. Note that the court
		8000 S WOODLAWN AVENUE	
		Number Street	Number Street
		P.O. Box	P.O. Box
		CHICAGO IL 606	19
		City State ZIP C	Code City State ZIP Code
	you are choosing	Check one:	Check one:
	istrict to file for ruptcy	Over the last 180 days before fi petition, I have lived in this distr than in any other district.	
		I have another reason. Explain (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
Part 2:	Tell the Court Abo	out Your Bankruptcy Case	
Bank	chapter of the ruptcy Code you	Check one: (For a brief description of for Bankruptcy (Form 2010)). Also, go	each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing to the top of page 1 and check the appropriate box.
are c unde	hoosing to file r	Chapter 7	
··- <del>-</del>		Chapter 11	
		Chapter 12	
		Chapter 13	

Del	otor 1 <b>VANES 96</b> -052 First Name	64 Doc 1 File MARAL Middle Name Backurn	<u>18/16 Ent</u> ere <b>d-92/11/8/4</b> -6/1 <b>և</b> ent Page 3 of 45	6wby:24 Des@/Main6 12:40:02pm
8.	How you will pay the fee	I will pay the entire fee court for more details a pay with cash, cashier's	e when I file my petition. Please check bout how you may pay. Typically, if you a s check, or money order. If your attorney ay pay with a credit card or check with a p	re paying the fee yourself, you may is submitting your payment on your
		I need to pay the fee in Individuals to Pay Your	n installments. If you choose this option, Filing Fee in Installments (Official Form 1	sign and attach the Application for 03A).
		By law, a judge may, bu than 150% of the officia fee in installments). If y	be waived (You may request this option of this not required to, waive your fee, and mail poverty line that applies to your family so you choose this option, you must fill out the cial Form 103B) and file it with your petition	nay do so only if your income is less ize and you are unable to pay the le Application to Have the Chapter 7
9.	Have you filed for	<b>☑</b> No		
	bankruptcy within the last 8 years?	Yes.		
		District	When MM / DD /	Case number
		District	When	Case number
		District	When MM/DD/	Case number
10.	Are any bankruptcy	<b>☑</b> No		
	cases pending or being filed by a spouse who is	Yes.		
	not filing this case with you, or by a business	Debtor	Rela	tionship to you
	partner, or by an affiliate?	District	When	Case number,
		Debtor	Relat	ionship to you
		District	When	Case number,
11.	Do you rent your residence?	No. Go to line 12.  Yes. Has your landlord residence?  No. Go to line	obtained an eviction judgment against yo	ou and do you want to stay in your
		Yes. Fill out	Initial Statement About an Eviction Judgr	ment Against You (Form 101A)

De	btor 1 <b>VANES 16</b> -0526	L [ Viiddie	DOC Name	1 Fil <b>ÆMBA</b> 418/ Döcumen	16 Entered	alditakakila7: <u>2</u> 4	<u>1 Dе</u>	2562 <b>Main</b> 6 12:40:02pm
F	Part 3: Report About A	ny B	usin	esses You Own as	s a Sole Proprietor			
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4.  Name and location of	f business			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any	<b>y</b>			
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			Health Care But Single Asset Re Stockbroker (as	te box to describe your busine siness (as defined in 11 U.S.C. al Estate (as defined in 11 U.S.C. § 101(53 ker (as defined in 11 U.S.C. §	C. § 101(27A)) S.C. § 101(51B)) BA))	ZIP C	ode
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see	<i>can</i> mos	set ap st rece	filing under Chapter 11 opropriate deadlines. It nt balance sheet, state f these documents do n I am not filing under Chap the Bankruptcy Code	must attach your ncome tax return l).			
	11 U.S.C. § 101(51D).		Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				he definition in the
Pa	Report If You Ow	n or	Hav	e Any Hazardous	Property or Any Proper	rty That Need	ls Imm	ediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		No Yes.	What is the hazard?				
	hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention	is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property	Number Street			
					City	St	ate	ZIP Code

Debtor 1 Doc 1

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Desc Main 12:40:02pm

Part 5:

Page 5 of 45

# Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so. you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

De	ebtor 1 <b><u>YANESS6-0526</u></b> First Name		e <b>GMBAL</b> 8/16 Dectment	Entered 02/18/16 Page 6 of 45	(i44:17):24	Desc Main 02/18/2016 12:40:02pm			
	Part 6: Answer These	Questions for Re	porting Purpo	ses					
16	. What kind of debts do you have?	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.							
		money for a	lebts primarily bus a business or inves to to line 16c. Go to line 17.	siness debts? Business destinent or through the operation	bts are debts the busine	nat you incurred to obtain ss or investment.			
		16c. State the ty	pe of debts you ow	e that are not consumer or be	usiness debts.				
17.	Are you filing under Chapter 7?	☑ No. lamin	ot filing under Char	oter 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	Yes. I am fil	ing under Chapter	7. Do you estimate that after are paid that funds will be ava	r any exempt pra allable to distrib	operty is excluded and ute to unsecured creditors?			
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?								
18.	How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	000	1,000-5,000 5,001-10,000 10,001-25,000	25,001-5 50,001-1 More that				
19.	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100 \$100,001-\$50 \$500,001-\$1 r	0,000	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$1,000,0 \$10,000	0,001-\$1 billion 000,001-\$10 billion .000,001-\$50 billion .n \$50 billion			
20.	How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100 \$100,001-\$500 \$500,001-\$1 n	000,000	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$1,000,0 \$10,000,	0,001-\$1 billion 00,001-\$10 billion 000,001-\$50 billion n \$50 billion			
Pa	rt 7: Sign Below								
or y	/ou	I have examined thi and correct.	s petition, and I de	clare under penalty of perjury	that the inform	ation provided is true			
		If I have chosen to to or 13 of title 11, Uni proceed under Chap	ted States Code. I	7, I am aware that I may proce understand the relief availab	eed, if eligible, on the second of the secon	under Chapter 7, 11, 12, chapter, and I choose to			
		If no attorney repres out this document, I	ents me and I did r have obtained and	not pay or agree to pay some I read the notice required by	one who is an a	ttorney to help me fill (b).			
		I request relief in ac	cordance with the c	chapter of title 11, United Stat	tes Code, speci	fied in this petition.			
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.							
		VANESSA L KIM Executed on <b>02</b> /	-	_	re of Debtor 2				
			/ DD / YYYY	Execute	od on				

MM / DD / YYYY

Debtor 1

VANES 946-05264 Doc 1 File (MBA) 18/16 Entered 2021/100/dr@11/46/d

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

		D	ate	
•	Signature of Attorney for Debtor			MM / DD / YYYY
Ī	Printed name	***************************************		
Ī	Firm Name			The state of the s
ľ	Number Street	***************************************		
-				
-			************	
ζ	City	State		ZIP Code
C	Contact phone	Email address		
	Bar number	State		-

Ca	ase 16-05264	Doc 1 File	d 02/18/16	Entered	02/18/16 14:17:	24 Desc	62M6721016 12:40:06p
Fill in this i	information to ic	lentify your case			f 45		,
Debtor 1	VANESSA	Ļ	KIMBALL	15,38, 11,158 + 15,41			
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filir	ng) First Name	Middle Name	Last Name				
I Inited States	Rankruptov Court for	the: NORTHERN D	VETDICT OF II	LINOIS			
Case number		*		LINOIS			
(if known)			·			Check if this is amended filing	
Official For	<u>m 106Sum</u>						
ummary	of Your Asse	ts and Liabilit	ies and Ce	rtain Stati	stical Informat	ion	12/15
orrect informa chedules after	tion. Fill out all of y	our schedules first; al forms, you must f	then complete ti	ne information	oth are equally respon on this form. If you a eck the box at the top	re filing amen	olying ided
						Your a	issets of what you own
Schedule A	/B: Property (Official	Form 106A/B)				value :	or what you own
1a. Copy l	ne 55, Total real esta	ate, from Schedule A/	В				\$0.00
1b. Copy li	ne 62, Total persona	l property, from Sche	dule A/B				\$1,300.00
1c. Copy li	ne 63, Total of all pro	operty on Schedule A	/B	•••••••••••••••••••••••••••••••••••••••			\$1,300.00
Part 2: S	ummarize Your	Liabilities				<del></del>	
							liabilities unt you owe
Schedule D. 2a. Copy th	: Creditors Who Have ne total you listed in 0	Claims Secured by a Column A, Amount of	Property (Official claim, at the botto	Form 106D) om of the last p	age of Part 1 of Schedu	ile D	\$103,200.00
		ve Unsecured Claims Part 1 (priority unsecu			dule E/F		\$0.00
3b. Copy th	ne total claims from F	art 2 (nonpriority uns	ecured claims) fro	m line 6j of Sc	hedule E/F	+	\$0.00
					Your total liabiliti	es	\$103,200.00
Part 3: Si	ummarize Your I	Income and Expe	enses				
	Your Income (Official ombined monthly inco		chedule I				\$2,299.46
	Your Expenses (Offi						
Copy your m	onthly expenses from	n line 22c of Schedule	ə J	***************************************	•••••		\$1,303.44

## Part 4: Answer These Questions for Administrative and Statistical Records

6.	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?							
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes							
7.	What kind of debt do you have?							
Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.								
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.							
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$3,040.00							
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:							

Fro	m Part 4 on <i>Schedule E/F,</i> copy the following:	Total claim
110	in Part 4 on Schedule E/F, copy the following:	
9a.	Domestic support obligations. (Copy line 6a.)	\$0.00
9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d.	Student loans. (Copy line 6f.)	\$0.00
9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g.	Total. Add lines 9a through 9f.	\$0.00

Section 1997 Section 1997	e 10-05204	DOCT		entered 02/18/.	_	DES02/1/8/2016 12:40:0
-III in this into	ormation to ide	entity your	case and this filing:	31 43		
	VANESSA First Name	L. Middle Nan	KIMBALL ne Last Name	···		
ebtor 2						
Spouse, if filing)	First Name	Middle Nam	ne Last Name			
nited States Ban	ikruptcy Court for th	he: NORTHI	ERN DISTRICT OF ILLIN	ois		
ase number			2 1		Charles Charles	ate if their in an
f known)						ck if this is an nded filing
				-		
fficial Form	106A/B					
hedule A/F	B: Property					12/15
eet to this form.	On the top of any	y additional p	supplying correct informati pages, write your name and Building, Land, or Othe nterest in any residence, b	d case number (if kno er Real Estate Yo	own). Answer ev	very question.
☐ No. Go to			;		a. p. opoliy	
00 S Woodlawr et address, if availab	n Ave, ble, or other description	Che	nat is the property? eck all that apply. Single-family home	amount	of any secured cl	aims or exemptions. Put th laims on <i>Schedule D:</i> <i>ms Secured by Property.</i>
			Duplex or multi-unit building	•	value of the	Current value of the
icago	IL. 6061	i9 🗀	Condominium or cooperative Manufactured or mobile hor	-	roperty? \$113,000.00	portion you own? Unknown
ОК	State ZIP Co		Land Investment property Timeshare Other	interest	e the nature of y	rour ownership nple, tenancy by the
nty		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			•	- <b>,,</b>
GLE FAMILY I 0 S Woodlawr			o has an interest in the pro eck one.	operty?		
icago, IL 60619	•		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors	(see	eck if this is com instructions)	munity property
			ner information you wish to operty identification numbe			
			for all of your entries from 1. Write that number here			\$0.00
				•••••••••••••••••••••••••••••••••••••••	***************************************	
art 2: Desc	cribe Your Veh	icles				
			erest in any vehicles, wheti ehicle, also report it on Sched			
Cars, vans, tru	ıcks, tractors, spo	rt utility vehi	icles, motorcycles			

Deb	tor 1	VANESSIA6-052 First Name	264 Doc 1	Filed 82/18/16	Entered 02/18/16 14:17:24 Page 11 of 45	Desiz/M/aims 12:40:03pm
4.			homes, ATVs an	d other recreational veh	ticles, other vehicles, and accessories snowmobiles, motorcycle accessories	
5.		e dollar value of the			rom Part 2, including any	\$0.00
P:	entries art 3:			rt 2. Write that number i d Household Items	here	
		· · · · · · · · · · · · · · · · · · ·		est in any of the following	ng items?	Current value of the portion you own? Do not deduct secured
6.		hold goods and furr les: Major appliance		, china, kitchenware		claims or exemptions.
	☐ No	s. Describe 6. H				\$1,200.00
7.	Electro Examp	les: Televisions and			uipment; computers, printers, scanners; cameras, media players, games	
	لسا	s. Describe			erri	· · · · · · · · · · · · · · · · · · ·
8.	Examp				ooks, pictures, or other art objects; memorabilia, collectibles	
9.		s. Describe	hohhige			
J.	Examp	les: Sports, photogra	aphic, exercise, ar	nd other hobby equipments; musical instruments.	t; bicycles, pool tables, golf clubs, skis;	
10.	Yes	s. Describe				
	Examp ✓ No		notguns, ammuniti	on, and related equipmer	u <b>t</b>	
11.	Clothe	s	s, furs, leather co	ats, designer wear, shoes	, accessories	***************************************
	-	s. Describe				
12.	,		y, costume jewelry	/, engagement rings, wed	ding rings, heirloom jewelry, watches, gems,	
		s. Describe	. · · ·			444
13.		rm animals les: Dogs, cats, bird	s, horses			
14.	Any ot	·	ousehold items y	ou did not already list, i	ncluding any health aids you	4677499479
		s. Give specific ormation				

De	btor 1	First Name	Middle Name	File GA (18/16 Dacument	Entered 02/1 Page 12 of 45	L8/16 14:17:24 Jimber (if Known)	Des@Mabne 12:40:03pr
15.	Add the attache	e dollar value of a d for Part 3. Writ	all of your entries fr te the number here	om Part 3, including any	entries for pages y	/ou have	\$1,200.00
	art 4:	Describe Yo	ur Financial As	sets			
Do	you own	or have any lega	l or equitable inter	est in any of the followin	g?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.		es: Money you ha petition	ve in your wallet, in	your home, in a safe depo	sit box, and on hand	when you file your	
	☐ No ✓ Yes	***************************************	******************************		***********************	Cash:	\$100.00
17.	Deposit	is of money es: Checking, savi	ings, or other financ ises, and other simil	ial accounts; certificates c ar institutions. If you have	f deposit; shares in a	credit unions,	
	✓ No Yes		Institutio	on name:			
18.			publicly traded sto vestment accounts	cks with brokerage firms, mon	ey market accounts		
	☑ No ☐ Yes.	***************************************	Institution or issue	er name:			
19.	Non-pul	olicly traded stoc		ncorporated and uninco	porated businesse	s, including	
	▼ No Yes. infor	Give specific mation about		venture		% of ownership:	
20.	Negotial	ole instruments inc	lude personal check	r negotiable and non-negos, cashiers' checks, promote transfer to someone by	issory notes, and mo	s oney orders.	
	infor	Give specific mation about	Issuer name:				
21.		ent or pension ac s: Interests in IRA profit-sharing p	, ERISA, Keogh, 40	1(k), 403(b), thrift savings	accounts, or other p	ension or	
		List each unt separately.	Type of account:	Institution name:			
22.	Your sha	deposits and pre- re of all unused de s: Agreements wit es, or others	eposits you have ma	ide so that you may contir Frent, public utilities (elect	ue service or use fro ric, gas, water), telec	om a company communications	
	No Yes			Institution name or individ	ual:		
23.	_			ayment of money to you, e		number of years)	
	Yes		issuer name and d				
			IRA, in an account 9A(b), and 529(b)(1)	in a qualified ABLE prog	ram, or under a qua	alified state tuition pro	gram.
	☑ No ☐ Yes		Institution name ar	nd description. Separately	file the records of a	ny interests. 11 U.S.C.	§ 521(c)

De	ebtor 1	CANESSA-0	5264 Mid	Doc 1	Filed 02/18/16 Doggument	Entered	d 02/18/16 14:1 Case ព្រៃmber (if knowr	7:24 ')	Desc <sub>2</sub> Main <sub>12:40:03pm</sub>
25	. Trusts	, equitable or fut s exercisable for	ture inter	ests in prop nefit	perty (other than anyt	hing listed in li	ne 1), and rights or		
	☑ No ☐ Yes	s. Give specific prmation about the							
26.	Patents Example	s, copyrights, tra les: Internet dom	ademarks ain name	s, trade seci	rets, and other intelle proceeds from royaltie	ctual property; s and licensing	agreements		
	✓ No Yes	s. Give specific ormation about the				C	•		
27.	License Exampl	e <b>s, franchises, a</b> les: Building pern	<b>nd other</b> nits, exclu	general into	angibles es, cooperative associa	ition holdings, li	quor licenses, professio	onal licer	ises
	✓ No Yes	s. Give specific							
Мо		operty owed to							Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	unds owed to yo	u						
	abo	. Give specific in ut them, including	whether					Federal	\$0.00
		already filed the the tax years						State:	\$0.00
20								Local:	\$0.00
29.			ımp sum	alimony, spo	usal support, child sup	port, maintenar	nce, divorce settlement,	property	/ settlement
	☑ No	Give specific in					Alimony:		
							Maintenand	`a·	\$0.00 \$0.00
							Support:		\$0.00
							Divorce set	ttlement:	
						•	Property se	ttlement	
30.	Other an Example	nounts someone s: Unpaid wages compensation	, disabilit	y insurance <sub>l</sub>	payments, disability be fits; unpaid loans you	nefits, sick pay,	, vacation pay, workers'		
	✓ No ☐ Yes.	Give specific inf		·			5/05		
31.	Interests Example:	in insurance pos: Health, disabil	olicles ity, or life	insurance; h	nealth savings account	(HSA); credit, h	nomeowner's, or renter's	s insuran	ce
	✓ No ☐ Yes. comp	Name the insura pany of each polic ist its value	ince cy	ompany nam			ficiary:		render or refund value:
	If you are	rest in property to the beneficiary of receive property	of a living	trust, expect	someone who has di proceeds from a life i as died	ed	·	Car	onder or rotatio value.
	Mo No Yes.	Give specific infe	ormation						

De	ebtor 1	First Name	Middle Name	Document -	Page 14 6 <b>fs45</b>		02/18/2016 12:40:03pm
33	. Claim	s against third part	es, whether or no	t you have filed a laws	ilt or made a demand	l for navment	
	⊏xanı	oles: Accidents, emp	loyment disputes, i	nsurance claims, or righ	ts to sue	ioi payment	
	ست	es. Describe each cl	aim				
34	. Other	contingent and unli	quidated claims o	f every nature, includin	a counterclaims of th	na dahtar and	
	rights	to set on claims		, , , , , , , , , , , , , , , , , , , ,	g Touristic Citating Of th	ie debior and	
	✓ No	s. Describe each cl	im				
35	_	nancial assets you		<u> </u>			
	<b>☑</b> No		•				
		s. Give specific info	rmation				
36.	Add th	e dollar value of all ed for Part 4. Write	of your entries fro that number here.	m Part 4, including an	entries for pages yo	ou have	\$100.00
						i	
		Describe Arry B	usiliess-nelate	d Property You Ov	vn or Have an Inte	erest In. List any	real estate in Part 1.
37.	Do you	own or have any le	gal or equitable ir	nterest in any business	-related property?		
		Go to Part 6. Go to line 38.			e en		
							•
							Current value of the portion you own?
20							Do not deduct secured claims or exemptions.
38.		nts receivable or co	mmissions you alr	eady earned			
	✓ No Yes	. Describe					
39.	Office e	equipment, furnishir	as, and supplies				
	Example	es: Business-related desks, chairs, ele	computers, softwa	re, modems, printers, co	piers, fax machines, ru	ugs, telephones,	
	<b>☑</b> No	<b>,</b> , , ,					
		. Describe					
40.		ery, fixtures, equipr	nent, supplies you	use in business, and t	ools of your trade		•
	V No Yes	. Describe					
41.	Inventor						***************************************
	No No	-					
		Describe			•		
<b>42</b> .	Interest	s in partnerships or	joint ventures				
	✓ No	Daniel No.	4				
<b>4</b> 3		Describe Name		15		% of ownership:	
	✓ No	er lists, mailing lists	, or other compila	tions			
		Do your lists inclu	de personally ider	ntifiable information (as	defined in 11 U.S.C.	8 101/ <i>4</i> 1	
	<del>.</del>	☐ No				3 · · · · ( + · · · / / ) :	
ЛЛ	Am	Yes. Describe.					
		iness-related prope	rty you did not air	eady list	4.5		
i	Mo ☐ Yes.	Give specific inform	ation.				

De	ebtor 1	First Name	05264 <sub>ը</sub> Μκ	Doc 1	Filed 02/18/1	6 Entered <del>Page</del> 15	02/18/16 14: 6 <b>4</b> 54 gumber (if kno	17:24 own)	Desc Main 02/18/2016 12:40:03pm
45	. Add th attach	ne dollar value led for Part 5.	of all of yo Write that	our entries f number her	rom Part 5, includin	g any entries for	pages you have	<del>&gt;</del>	\$0.00
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Part 6:		ny Farmer ny have an	- and Con interest in	nmercial Fishing n farmland, list it li	-Related Prop Part 1.	erty You Own o	or Have a	in Interest In.
46	. Do you	u own or have	any legal d	or equitable	interest in any farm	: - or commercial f	ishing-related prop	erty?	
	_	o. Go to Part 7.	7.						
47	<b>F</b> arms a		·						Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a  Example No  Yes	les: Livestock,	poultry, fan	m-raised fish	1				
48.	Crops-	-either growing	g or harves	sted					4
	☑ No ☐ Yes	s. Give specific	: 						
49.	Farm a	nd fishing equ	ipment, im	plements, n	nachinery, fixtures, a	and tools of trade	<b>)</b>		
	☑ No ☐ Yes	S							
50.	Farm a	nd fishing sup	plies, chen	nicals, and f	ieed				
	✓ No ☐ Yes	<b>3</b> .							
51.	Any far	m- and comme	ercial fishir	g-related p	roperty you did not a	aiready list			
		. Give specific							***************************************
52.	Add the attached	dollar value o d for Part 6. W	f all of you rite that n	r entries fro umber here.	m Part 6, including	any entries for pa	ages you have	→	\$0.00
Pa	art 7:	Describe All	Property	y You Ow	n or Have an Into	erest in That Y	ou Did Not List	Above	
53.	Do you i Example	have other pro es: Season tick	perty of ar ets, country	y kind you club memb	did not already list? ership				
	▼ No Yes.	. Give specific	information	•					
54.	Add the	dollar value of	all of you	r entries fro	m Part 7. Write that	number here	***************************************	→[	\$0.00

#### Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2..... \$0.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 \$1,200.00 58. Part 4: Total financial assets, line 36 \$100.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Copy personal Total personal property. Add lines 56 through 61..... \$1,300.00 \$1,300.00 property total

63. Total of all property on Schedule A/B. Add line 55 + line 62....

\$1,300.00

	Cas	e 10-05204	DOCT	Filed 02/18/10		5/10 14.17.24	02/18/2016 12:40:03p
	Fill in this in	formation to ic	dentify your	case:	13. of 45		
	Debtor 1	VANESSA First Name	L Middle Nam	KIMBAI e Last Name			
	Debtor 2 (Spouse, if filing)	Firet Name	Middle Nam				
				e Last Name ERN DISTRICT OF			
	Case number (if known)	——————————————————————————————————————	ale. NON I ME	HAN DISTRICT OF	ILLINOIS		cif this is an ded filing
<u>L</u>	(II KIIOWII)						
C	Official Form	1060					
			why Vara Ol	-i			
_	criedule C	. The Proper	rly You Ci	aim as Exem	pt		12/15
sp	pace is needed, fi	And Hater Off COME	this page as m	envitanciai momiti	g together, both are equal 06A/B) as your source, lis 2: Additional Page as n	t tha aranami, ikus	olying correct information. claim as exempt. If more of any additional pages,
ex re ex pr	cempted up to the ceive certain beaution of 100% coperty is determined.	ne donar amount a e amount of any a nefits, and tax-exe % of fair market va nined to exceed th	as exempt. All applicable state empt retiremer alue under a la at amount, you	ternatively, you may utory limit. Some e t funds-may be un w that limits the exe ur exemption would	amount of the exemption of the exemption of the exemptions—such as the exemption of the exemption to a particular of the expelies of the expelience.	et value of the prope se for health aids, rig t. However, if you cla tollar amount and the	rty being ghts to aim an
	Part 1: Ide	ntify the Prope	erty You Cla	im as Exempt			
1.	Which set of e	exemptions are yo	ou claiming?	Check one only	even if your spouse is fill	na with you	
	You are c		ederal nonbank	ruptcy exemptions.	11 U.S.C. § 522(b)(3)	ng win you.	
2.					mpt, fill in the informatio		
					mpt, fill in the informatio	n below.	
Sc	er description o	f the property and lists this property	•	Current value of the portion you own	Amount of the exemption you claim	Specific laws th	at allow exemption
				Schedule A/B	Check only one box for each exemption		
				•	* **		
3.	Are you claimi	ng a homestead e	exemption of m	ore than \$155,675?			
		sunent on 4/01/16	and every 3 year	ars after that for case	es filed on or after the da	te of adjustment.)	
	∇ No     Yes. Did y     No	ou acquire the prop	perty covered b	y the exemption with	in 1,215 days before you	filed this case?	
	Yes			•	,	mod and case:	

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## UNITED STATES BANKRUPT CY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: VANESSA L KIMBALL

CASE NO

CHAPTER 13

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

**Exemption Totals by Category:** 

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: State

						Olulo	
No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt	
1.	Real property	\$0.00	\$23,200.00	\$0.00	\$0.00	\$0.00	
3.	Motor vehicles (cars, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
6.	Household goods and furnishings	\$1,200.00	\$0.00	\$1,200.00	\$0.00	\$1,200.00	
7.	Electronics	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
11.	Clothes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
12.	Jewelry	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
14.	Unlisted pers. and household items-incl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
16.	Cash	\$100.00	\$0.00	\$100.00	\$0.00	\$100.00	
17.	Deposits of money	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
			A Committee of the Comm				

Case 16-05264 Doc 1 Filed 02/18/16 Entered 02/18/16 14:17:24 Desc Main 12:40:09pm

# UNITED STATES BANKRUPT OF COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: VANESSA L KIMBALL

CASE NO

CHAPTER 13

# **SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

Continuation Sheet # 1

**Exemption Totals by Category:** 

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: State

	The section of property are not monaged in this section)							
No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt		
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
33.	Claims vs. third parties, even if no demand	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00		
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
9.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
0.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
2.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
3.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
4.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
7.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
8.	Cropseither growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
9.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
0.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1.	Farm/commercial fishing-related prop. not listed	\$0.00	÷\$0.00	\$0.00	\$0.00	\$0.00		
3.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	TOTALS:	\$1,300.00	\$23,200.00	\$1,300.00	\$0.00	\$1,300.00		

## UNITED BYATES BANKRUPTOY COURT NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION (CHICAGO)**

IN RE: VANESSA L KIMBALL

CASE NO

CHAPTER

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description		Market Value	Lien	Equity
Real Property		1 m + 5		
(None)		•		
Personal Property	*			
(None)	e see			
TOTALS:	4.	\$0.00	\$0.00	\$0.00

## **Non-Exempt Property by Item:**

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
Real Property				
(None)				
Personal Property	The second secon			
6. Household goods & furnishings	\$1,200.00		\$1,200.00	\$1,200.00
CASH	\$100.00		\$100.00	\$100.00
TOTALS:	\$1,300.00	\$0.00	\$1,300,00	\$1,300.00

Summary	
A. Gross Property Value (not including surrendered property)	\$1,300.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$1,300.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$23,200.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$23,200.00
G. Total Equity (not including surrendered property) / (A-D)	\$1,300.00
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$1,300.00
J. Total Exemptions Claimed	\$0.00
K. Total Non-Exempt Property Remaining (G-J)	\$1,300.00

Case 16-05264 Do	oc 1 Filed 02/18/16	Entered 02/18/16	14:17:24 De	esc <sub>2</sub> Main 12:40:04pm
Fill in this information to identif	y your case:	<b>1</b> 45		02/10/2010 12:40.04рш
Debtor 1 <u>VANESSA</u> L First Name N	KIMBALL Middle Name Last Name			
Debtor 2 (Spouse, if filing) First Name N	fiddle Name Last Name			
United States Bankruptcy Court for the:	IORTHERN DISTRICT OF ILL	INOIS		
Case number (if known)			Check if th	
Official Form 106D				
Schedule D: Creditors Who	Have Claims Secure	d by Property		12/15
<ol> <li>Do any creditors have claims secured.</li> <li>No. Check this box and submit the result of the information to the information the result.</li> <li>List All Secured Claims.</li> <li>List all secured claims. If a creditor is claim, list the creditor separately for eacreditor has a particular claim, list the comuch as possible, list the claims in alp</li> </ol>	nis form to the court with your other below.  IS  has more than one secured ich claim. If more than one other creditors in Part 2. As	Column A Amount of claim	hing else to report on  Column B  Value of collateral that supports this	Column C Unsecured
creditor's name.	Describe the property that	value of collateral	claim	If any
Ditech Financial, LLC	secures the claim:	\$23,200.00	\$0.0	9 \$23,200.00
Creditor's name 1100 Virginia Dr #100a Number Street	SINGLE FAMILY RESIDENC	<b>E</b>		
Fort Washington PA 19034  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt	As of the date you file, the claim Contingent Unliquidated Disputed Nature of lien. Check all that as An agreement you made (su Statutory lien (such as tax lie) Judgment lien from a lawsuit Other (including a right to off Purchase Money	pply. ch as mortgage or secured en, mechanic's lien)	car loan)	
Date debt was incurred 01/05/2010	Last 4 digits of account numbe	r <u>9 6 2 9</u>		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$23,200.00

An agreement you made (such as mortgage or secured car loan)

<u>9629</u>

Statutory lien (such as tax lien, mechanic's lien)

Add the dollar value of your entries in Column A on this page. Write that number here:

\$80,000.00

\$103,200.00

PALATINE

Debtor 1 only

Debtor 2 only

Who owes the debt? Check one.

Debtor 1 and Debtor 2 only

Check if this claim relates

to a community debt

Date debt was incurred

At least one of the debtors and another

60094-4710

ZIP Code

01/02/2000

Unliquidated

Nature of lien. Check all that apply.

Judgment lien from a lawsuit

**Purchase Money** 

Last 4 digits of account number

Other (including a right to offset)

Disputed

Ø

Entered 02/18/16 14:17:24 Desc2Main 6 12:40:04pm Case 16-05264 Doc 1 Filed 02/18/16 of 45 Fill in this information to identify your case: Debtor 1 VANESSA KIMBALL Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an (if known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority Nonpriority amount amount

Case 16-05264 Doc 1 F Debtor 1 VANESSA L First Name Middle Name	Filed 02/18/16 Entered 02/18/16 14:17:24 Desc Main DKIMBAENT Page 24 Offs & Sumber (if known)					
Part 2: List All of Your NONPRIORITY Unsecured Claims						
3. Do any creditors have nonpriority unsecured claims against you?  ☐ No. You have nothing to report in this part. Submit this form to the court with you other schedules.  ☐ Yes						
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.  If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.						
4.1  CODILIS & ASSOCIATES, P.C  Nonpriority Creditor's Name 15W030 N Frontage Rd,  Number Street Burr Ridge,IL 60527  Phone:(630) 794-5300	Last 4 digits of account number 2 4 2 2  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed					
City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  Yes	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Notice Only					

Case 16-05264 Doc 1 Filed 02/18/16 Entered 02/18/16 14:17:24 Des@\_Main\_6 12:40:04pm

Debtor 1 VANESSA L Distribution Page 25case45mber (if known)

First Name Middle Name Last Name

## Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$0.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$0.00

	Cas	e 16-05264	Doc 1 Filed	d 02/18/16 Ente	ered 02/18/16 14:17	:24 Desc Main	
	Maria Angeles and Maria	AND RESIDENCE OF THE PARTY OF T	dentify your case		<b>96:o</b> f 45	02/18/2016 12:40:05p	m
[	Debtor 1	VANESSA First Name	<b>L</b> Middle Name	KIMBALL Last Name			
1 .	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			
Į	Jnited States Ba	nkruptcy Court fo	r the: NORTHERN C	DISTRICT OF ILLINOIS			
	ase number f known)					Check if this is an	
~					<u></u>	amended filing	
	fficial Form				<i>,</i>		
50	chedule G:	: Executory	Contracts and	d Unexpired Lea	ses	12/15	
٠.,	. oot milotinatio	in intole space	is needed, copy the	ed people are filing toget additional page, fill it ou d case number (if knowr	ther, both are equally respond t, number the entries, and	onsible for supplying attach it to this page.	
•					,		
١.			ontracts or unexpired				
	Yes. Fill	in all of the inform	∍ triis form with the cot nation below even if the	urt with your other schedul e contracts or leases are I	les. You have nothing else t isted on <i>Schedule A/B: Prop</i>	o report on this form. erty (Official Form 106A/B)	
	_				•		
2.	List separatel	y each person o	r company with whor le lease, cell phone).	m you have the contract	or lease. Then state what on the instruction books	anch contract on to an	
2.	List separatelis for (for exame executory cont	y each person on mple, rent, vehic iracts and unexpire	r company with whor le lease, cell phone).	n you have the contract See the instructions for the	or lease. Then state what	each contract or lease oklet for more examples of	

Cas	se 16-05264	Doc 1	Filed 02/18/16	i Enter	ed 02/18/16	14:17:24	Desc	Main
Fill in this in	nformation to i	dentify your	case:	Page 2	7 of 45		O:	2/18/2016 12:40:05p
Debtor 1	VANESSA First Name	L	KIMBA					
Debtor 2	riist ivanie	Middle Nam	ne Last Name	•				
(Spouse, if filing	j) First Name	Middle Nam	e Last Name	<b>)</b>	-			
United States B	ankruptcy Court for	the: NORTHE	RN DISTRICT OF	ILLINOIS				
Case number (if known)							eck if this is a ended filing	an
Official Forn	106H							
	l: Your Code	htaua						
chequie n	: Your Code	Diors	•					12/15
eeded, copy the age. On the top	Additional Page, of any Additional	fill it out, and n Pages, write y		or supplying n the boxes of number (if k	correct informat on the left. Attac nown). Answer	ion. If more h the Additio every question	space is	
eeded, copy the age. On the top	Additional Page, of any Additional	fill it out, and n Pages, write y	qually responsible to number the entries it our name and case	or supplying n the boxes of number (if k	correct informat on the left. Attac nown). Answer	ion. If more h the Additio every question	space is	
Do you have No Yes Within the latinclude Arizor	Additional Page, of any Additional any codebtors?  st 8 years, have you na, California, Idaho to line 3.	er, both are effill it out, and n Pages, write y  (If you are filin  ou lived in a co	quarry responsible to number the entries is cour name and case g a joint case, do not munity property sevada, New Mexico, is	or supplying n the boxes of number (if k list either spo	correct information the left. Attack nown). Answer of the left of	ion. If more h the Addition every questions.)	space is enal Page to on.	this
eeded, copy the age. On the top  Do you have No Yes  Within the last include Arizor No. Go	Additional Page, of any Additional any codebtors?  st 8 years, have you, California, Idaho to line 3.	er, both are effill it out, and n Pages, write y  (If you are filin  ou lived in a co	quarry responsible to number the entries is cour name and case g a joint case, do not munity property s	or supplying n the boxes of number (if k list either spo	correct information the left. Attack nown). Answer of the left of	ion. If more h the Addition every questions.)	space is enal Page to on.	this
eeded, copy the age. On the top  Do you have No Yes  Within the last include Arizor No. Gost Yes. Dictory No Yes In Column 1, person show creditor on S	Additional Page, of any Additional any codebtors?  st 8 years, have you, California, Idaho to line 3. If your spouse, form  list all of your code in line 2 again as	elil it out, and refill it out, and refill it out, and repages, write y  (If you are filing out lived in a coop, Louisiana, New er spouse, or lefebtors. Do not a codebtor of Form 106D).	g a joint case, do not mmunity property sevada, New Mexico, if egal equivalent live with include your spounly if that person is Schedule E/F (Office)	or supplying n the boxes of number (if k t list either spo	correct information the left. Attachown). Answer of the course as a codebto correct (Community exas, Washington time?	ton. If more the Addition to t	space is enal Page to on.  tes and territonsin.)	this ories
Do you have No Yes Within the last include Arizor No. Go to Yes. Did Yes In Column 1, person show creditor on S Schedule D, st	Additional Page, of any Additional any codebtors?  st 8 years, have you, California, Idaho to line 3. If your spouse, form  list all of your code in line 2 again as the chedule D (Official).	elil it out, and refill it out, and refill it out, and repages, write y  (If you are filing out lived in a coop, Louisiana, New er spouse, or lefebtors. Do not a codebtor of Form 106D).	g a joint case, do not mmunity property sevada, New Mexico, if egal equivalent live with include your spounly if that person is Schedule E/F (Office)	or supplying n the boxes of number (if k t list either spo	correct information the left. Attachown). Answer of the course as a codebto correct (Community exas, Washington time?	ion. If more the hold the Addition of the Addi	space is enal Page to on.  tes and territonsin.)  with you. Listave listed the form 106G).	this ories the ne Use

Official Form 106H

	ion to identify years	Same and the state of the state	-00-of-45-	02/18/2016 12:40:0
	tion to identify your ca /ANESSA L		AMERICAN	
	<b>/ANESSA L</b> irst Name Middle Na	KIMBALL ame Last Name	Che	eck if this is:
Debtor 2 (Spouse, if filing)	irst Name Middle Na			An amended filing
		Eddt (dalifo		-
United States Bankrupt Case number (if known)	cy Court for the: NORTHE	ERN DISTRICT OF ILLIN	ois D	A supplement showing postpetition chapter 13 income as of the following date:
				MM / DD / YYYY
Official Form 106I				
Schedule I: Your	Income			12/15
include information about about your spouse. If mo your name and case num	i concentinomizazion. Il visi	u are married and not tiling eparated and your spouse a separate sheet to this to	jointly, and your s	
1. Fill in your employme	ent			
information. If you have more than	one ··	Debtor 1	****	Debtor 2 or non-filing spouse
job, attach a separate with information about	page Employment statu	Employed  Not employed		Employed  Not employed
additional employers.	Occupation	ASSOCIATE		Book 100 On project
Include part-time, seas or self-employed work.		LUSTER PRODUCT	'S INC	
Occupation may includ student or homemaker,	Employer's addres	s 1104 W 43RD STRE	ET	
applies.	. IT IT	Number Street	***	Number Street
		DEC SI AINES		
		DES PLAINES	IL 60016	
		City	State Zip Code	City State Zip Code
Port Other Date	How long employed	City d there? 5 YEARS		City State Zip Code
	is About Monthly Inco	City d there? 5 YEARS	State Zip Code	
stimate monthly income a on-filing spouse unless you you or your non-filing spou	Is About Monthly Inco as of the date you file this for are separated. se have more than one emplo	city d there? 5 YEARS  me  prm. If you have nothing to over, combine the information	State Zip Code	write \$0 in the space. Include your
stimate monthly income a on-filing spouse unless you you or your non-filing spou	is About Monthly Inco	city d there? 5 YEARS  me  prm. If you have nothing to over, combine the information	State Zip Code	
stimate monthly income a on-filing spouse unless you you or your non-filing spou	Is About Monthly Inco as of the date you file this for are separated. se have more than one emplo	city d there? 5 YEARS  me  prm. If you have nothing to over, combine the information.	State Zip Code	write \$0 in the space. Include your
stimate monthly income a on-filing spouse unless you you or your non-filing spous ou need more space, attach	Is About Monthly Inco as of the date you file this for are separated. se have more than one emplo	city d there? 5 YEARS ome orm. If you have nothing to over, combine the information.	State Zip Code report for any line, w	vrite \$0 in the space. Include your for that person on the lines below. If
stimate monthly income a on-filing spouse unless you you or your non-filing spous ou need more space, attach List monthly gross was payroll deductions). If n	is About Monthly Inco is of the date you file this for are separated. se have more than one emplo a separate sheet to this form ges, salary, and commissio ot paid monthly, calculate wh	city d there? 5 YEARS ome orm. If you have nothing to over, combine the information.	State Zip Code report for any line, we on for all employers For Debtor 1	vrite \$0 in the space. Include your for that person on the lines below. If

2.

3.

4.

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Last Name

Last Name

Last Name

Last Name

Last Name

		-	For Debtor 1	For Debtor 2 or non-filing spous	<b>e</b>
	Copy line 4 here	4.	\$3,040.00		
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$740.54		
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	W. W	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		
	5d. Required repayments of retirement fund loans	5d.	\$0.00		
	5e. Insurance	5e.	\$0.00		
	5f. Domestic support obligations	51.	\$0.00		
	5g. Union dues	5g.	\$0.00		
	5h. Other deductions.		***		
	Specify:	_ 5h.+	\$0.00		
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$740.54	***************************************	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,299.46		
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	<u></u>	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
	8b. Interest and dividends	8b.	\$0.00		
	8c. Family support payments that you, a non-filing spouse, or a	8c.	\$0.00		
	dependent regularly receive		Ψ0.00		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8d. Unemployment compensation	8d.	\$0.00		
	8e. Social Security	8e.	\$0.00		
	8f. Other government assistance that you regularly receive		Ψο.σο	***	
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program)				
	or housing subsidies. Specify:	•			
		8f.	\$0.00		
	8g. Pension or retirement income	8g.	\$0.00		
	8h. Other monthly income. Specify:	8h. 🛖	<b>60.00</b>		
		_ U.I	\$0.00		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00		
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,299.46 +		= \$2,299.46
11,	State all other regular contributions to the expenses that you list in Sc	chedule	J.		
	Include contributions from an unmarried partner, members of your househ friends or relatives.	old, you	dependents, your	roommates, and oth	er
	Do not include any amounts already included in lines 2-10 or amounts that	t are not	available to pay ex	penses listed in Sch	nedule J.
	Specify:			11,	+ \$0.00
2.	Add the amount in the last column of line 10 to the amount in line 11.	The rec	alt ie the sambles	monthly 40	
	income. Write that amount on the Summary of Your Assets and Liabilities	and Cer	acis ine combined tain Statistical Infor	monthly 12. mation.	\$2,299.46
	if it applies.		wassanom nitol	· · · · · · · · · · · · · · · · · · ·	Combined
3	Do you expect an increase or decrease within the year after you file th	.1. 4	•		monthly income
٠.	No. None.	us torm	<i>(</i>		
	Yes. Explain:				
	i 66. mapiaili.				
					İ

	information to	and the second	fy your case:	0,10	Entered 02/				ა <b>6</b> 2/	48/2016 12:40:00
Debtor 1	VANESS	A	L	KIME	RAI I	Che	ck if this			
	First Name		Middle Name	Last N				ended filing lement showing		4m = 4141 =
Debtor 2								r 13 expenses a		
(Spouse, if	filing) First Name		Middle Name	Last N	ame	-	followir	ng date:		
		for the	NORTHERN DISTR	ICT O	FILLINOIS		MM / D	D/YYYY		
Case numb (if known)	er									
as complet	J: Your Expe	ossibl	e. If two married people	are fil	ing together, both a	re equa	illy resp	ponsible for su	ivlaa	12/15
WIECT BUILDING	auon. II more spac	e is ne	eded, attach another sh wer every question.	eet to t	his form. On the to	p of any	/ addition	onal pages, wr	ite y	our
Part 1:	Describe Your H	louse	hold	:						
ls this a jo	oint case?									
<del></del>	Go to line 2.  Does Debtor 2 live  No  Yes. Debtor 2 n		parate household? Official Form 106J-2, Ex	penses	ofor Separate House	hold of I	Debtor 2	<u>2</u> .		
Do you ha	ve dependents?	$\square$	No							
Do not list Debtor 2.	Debtor 1 and		Yes. Fill out this informa for each dependent	tion	Dependent's relati Debtor 1 or Debtor			Dependent's age	Do	es dependent with you?
Do not stat	e the dependents'						******		- 뭐	No Yes
names.	e me dependents								H	No
										Yes
										No
									ᆸ	Yes
									╌Ħ	No Yes
									П	No
Da										Yes
expenses (	penses include of people other than nd your dependents		☑ No ☐ Yes							
art 2:	etimata Vous O	.ao!~	g Monthly Expense	_						
									·····	
chour exheur	expenses as of your ses as of a date afte in the applicable di	er the p	uptcy filing date unless ankruptcy is filed. If the	you are	using this form as supplemental Scheo	a supp lule J, c	lement heck th	in a Chapter 1 e box at the to	3 cas	se
lude expense h assistance	es paid for with non and have included	-cash ( it on S	government assistance Schedule I: Your Income	if you l (Offici	know the value of al Form 106l.)			Your expense	es	
Include first	mortgage payments	<b>expen</b> and ar	ses for your residence.  by rent for the ground or lo	ot.			4.			\$648.44
If not includ	ded in line 4:									
4a. Real es	state taxes						4a.	• ,		
4b. Propert	ty, homeowner's, or r	enter's	insurance				4b.			
4c. Home i	maintenance, repair,	and un	keep expenses							
							4c.			
4d. Homeo	wner's association or	r condo	minium dues				4d.			

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DOCKIMISALL Debtor 1 VANESSA First Name Middle Name Last Name

		Tour expe	11369
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$100.00
	6b. Water, sewer, garbage collection	6b.	\$40.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$65.00
	6d. Other. Specify:	<b>6</b> d.	
7.	Food and housekeeping supplies	7.	
8.	Childcare and children's education costs	8,	7-2-11-12-11-11-11-11-11-11-11-11-11-11-1
9.	Clothing, laundry, and dry cleaning	9.	\$50.00
10.	Personal care products and services	10.	\$100.00
11.	Medical and dental expenses	11.	\$100.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
14.	Charitable contributions and religious donations	14.	
	Insurance.	17.	
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	<b>15</b> a.	
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c.	
	15d. Other insurance. Specify:	15d.	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify:	17c.	
	17d. Other. Specify:		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10	
19.	Other payments you make to support others who do not live with you.  Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	TOTAL PROPERTY AND ADDRESS OF THE PARTY AND AD	· · · · · · · · · · · · · · · · · · ·
:	20a. Mortgages on other property	20a.	
2	20b. Real estate taxes		
4	20c. Property, homeowner's, or renter's insurance	22	
2	20d. Maintenance, repair, and upkeep expenses	/	
2	20e. Homeowner's association or condominium dues	20e.	

Det	otor 1	Case 16	5-05264	Doc 1	Filed 02/18/16 Document		2/18/16 14:17:24 45ase number (if known)	Desc2Main <sub>6 12:40:06p</sub>
		First Name	Mic	ldie Name	Last Name	1 age 32 01 -	Toase number (ii known)	
21.	Othe	r. Specify:					21. <b>+</b> _	
22.	Calc	ulate your mon	thly expens	es.				
	22a.	Add lines 4 th	rough 21.				22a.	\$1,303.44
	22b.	Copy line 22 (	monthly exp	enses for De	ebtor 2), if any, from Offic	ial Form 106J-2.	22b.	
	22c.	Add line 22a a	and 22b. The	e result is yo	ur monthly expenses.		22c.	\$1,303.44
23.	Calc	ulate your mon	thly net inc	ome.			<u> </u>	
	23a.	Copy line 12 (	your combin	ed monthly i	ncome) from Schedule I.		23a	\$2,299.46
	23b.	Copy your mo	nthly expens	es from line	22c above.		23b	\$1,303.44
	23c.	Subtract your The result is y	monthly expour monthly	enses from y net income.	our monthly income.		23c	\$996.02
24.	Do yo	ou expect an in	crease or d	ecrease in y	our expenses within th	e year after you fil	e this form?	
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?							
	_	No. Yes, Explain he	ere:			**************************************		
	_	None.						
			<del></del>				***************************************	

Entered 02/18/16 14:17:24 Desc Main Desc Main 12:40:07pm Case 16-05264 Doc 1 Filed 02/18/16 Fill in this information to identify your case: Debtor 1 VANESSA KIMBALI First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an (if known) amended filing Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? Νo  $\square$ Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. VANESSA L KIMBALL Signature of Debtor 2 Date 02/18/2016 Date MM / DD / YYYY MM / DD / YYYY

	Cas	e 16-05264	Doc 1 F	iled 02/18/16	Entered	02/18/16 14:17:24	Desc <sub>2</sub> Main 12:40:07pm
1974 2014	ill in this inf	ormation to id	entify your ca	ise:		pf 45	02 10/2010 12.40.07pm
C	Debtor 1	VANESSA First Name	L Mistella Allega	KIMBALL			
 	Debtor 2	ristivame	Middle Name	Last Name			
	Spouse, if filing)	First Name	Middle Name	Last Name	······		
l	Jnited States Bar	nkruptcy Court for t	he: <b>NORTHER</b> I	N DISTRICT OF IL	LINOIS		
	Case number if known)					☐ Chec	k if this is an
<u> </u>	· · · · · · · · · · · · · · · · · · ·					amen	ded filing
Oi	fficial Form	107					
			Affairs for I	ndividuals Fil	ing for Ba	ankruptcy	12/15
P t.		e Details Abou		l Status and Wh	ere You Liv	red Before	
	✓ Not marrie	d					
2.		t 3 years, have yo	u lived anywher	e other than where	you live now?	•	
	✓ No ✓ Yes. List a	all of the places you	lived in the last	3 years. Do not inclu	ide where you	live now.	
3.	Within the last (Community pro Washington, as	operty states and t	ever live with a serritories include	spouse or legal equi Arizona, California, Id	ivalent in a co daho, Louisian	mmunity property state or tale, Nevada, New Mexico, Pue	erritory? nto Rico, Texas,
	✓ No Yes. Make	sure you fill out S	chedule H: Your	Codebtors (Official Fo	orm 106H).		
P	art 2: Exp	lain the Source	es of Your Inc	come			
<b>I</b> .	Fill in the total a	amount of income y	ou received from	ւ all jobs and all busir	nesses, includi	this year or the two previou ng part-time activities. once under Debtor 1.	s calendar years?
	No Yes. Fill in	the details.					

Del	otor 1	VANES: First Name	16-05264 Mic	DOC 1	Filed 02/18/16 Docklingent	Entered 0 <del>Page</del> 35 df	02/18/16 14:17:24 த்ஆங்ளம்சா (if known)	Desc2Main 6 12:40:07pm
5.	Include i unemplo	income re syment; a obling and	gardless of who nd other public	ether that inc benefit paym	ients; pensions; rental ir	es of other incom- come; interest; di	ears? e are alimony; child support vidends; money collected fr you received together, list in	om lawsuits: rovaities:
	List eacl	h source a	and the gross in	come from e	each source separately.	Do not include inc	come that you listed in line	4.
	✓ No Yes.	. Fill in th	e details.			· · · · · · · · · · · · · · · · · · ·		
P	art 3:	List C	ertain Paym	ents You	Made Before You i	Filed for Bank	ruptcy	
6.	Are eith	er Debtoi	1's or Debtor	2's debts pr	imarily consumer debt	s?		
	□ No.	Neithe "incurre	r <b>Debtor 1 nor</b> ed by an individ	Debtor 2 has	s primarily consumer of for a personal, family, or	lebts. Consumer household purpo	debts are defined in 11 U.S se."	3.C. § 101(8) as
		During	the 90 days bel	fore you filed	for bankruptcy, did you	pay any creditor a	total of \$6,225* or more?	
		☐ No.	Go to line 7.					
		☐ Yes	total amount	you paid that	creditor. Do not include	payments for do	in one or more payments a mestic support obligations, rney for this bankruptcy cas	such as
		* Subje	ct to adjustmen	t on 4/01/16	and every 3 years after	that for cases filed	i on or after the date of adju	ustment.
	Yes.	Debtor	1 or Debtor 2	or both have	primarily consumer d	ebts.		
		During 1	the 90 days bef	ore you filed	for bankruptcy, did you	oay any creditor a	total of \$600 or more?	
		☑ No.	Go to line 7.					
		☐ Yes.	creditor. Do r	not include pa	whom you paid a total of ayments for domestic su ents to an attorney for the	pport obligations,	nd the total amount you paid such as child support and a e.	l that alimony.
	Insiders in corporation agent, incomments such as co	include yo ons of whi cluding on shild supp	ur relatives; an ich you are an c	y general pa officer, directo s you operato	rtners; relatives of any g or, person in control, or	eneral partners; powner of 20% or m	bu owed anyone who was artnerships of which you are nore of their voting securitie nclude payments for domes	e a general partner; es: and any managing

De	btor 1 Case 16-05264 Doc 1 Filed 02/18/16 Entered 02/18/16 14:17:24 Desc Main Page 36 Case 15 Name Middle Name Dask Name Page 36 Case 15 Name (if known)
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that
	benefited an insider? Include payments on debts guaranteed or cosigned by an insider.
	✓ No  Yes. List all payments that benefited an insider.
P	art 4: Identify Legal Actions, Repossessions, and Foreclosures
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.
	✓ No ☐ Yes. Fill in the details.
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  Check all that apply and fill in the details below.
	No. Go to line 11.  Yes. Fill in the information below.
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?
	Yes. Fill in the details.
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?
	No     Yes     Yes     No     No
Pa	art 5: List Certain Gifts and Contributions
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?
	✓ No  Yes. Fill in the details for each gift.
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?
	No Yes. Fill in the details for each gift or contribution.
Pa	art 6: List Certain Losses
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?
	▼ No ■ Yes. Fill in the details.

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P	art 7: List Certain Payments or Transfers
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.
	✓ No ☐ Yes. Fill in the details.
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.
	No ☐ Yes. Fill in the details.
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
	Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property).  Do not include gifts and transfers that you have already listed on this statement.
	▼ No Yes. Fill in the details.
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)
	✓ No  Yes. Fill in the details.
Pá	List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.
	✓ No  Yes. Fill in the details.
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No Yes. Fill in the details.

No Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

Del	otor 1	VANESSA First Name	5264 Doc 1	Filed 02/18/16 Declaration	Entered 02/18/16 14:17:24  Page 38 of 45 (if known)	Des@/ <b>M/2i</b> n <sub>6 12:40:07pm</sub>
23.	art 9:	<u> </u>	<u> </u>	or Control for Some	eone Else lude any property you borrowed from, are	storing for
	or hold	d in trust for some	eone.		and any property you best office from and	otomig ioi,
P	ط art 10:	Give Details	About Enviro	nmental Information		
For	the pur	pose of Part 10, th	ne following defin	tions apply:		
	hazardo	us or toxic substa	ance, wastes, or n	aterial into the air, land,	lation concerning pollution, contamination soil, surface water, groundwater, or other bstances, wastes, or material.	n, releases of medium,
				y as defined under any e t, including disposal site:	nvironmental law, whether you now own, s.	operate, or
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.					
Rep	ort all n	otices, releases,	and proceedings	hat you know about, rega	ardless of when they occurred.	
24.	Has an	y governmental u	init notified you th	at you may be liable or p	otentially liable under or in violation of an	environmental
	☑ No ☐ Ye	s. Fill in the details	š.			
25.	<b>☑</b> No			of any release of hazardon	us material?	
26.		ou been a party ir		Iministrative proceeding	under any environmental law? Include se	ettlements and
	▼ No □ Ye	s. Fill in the details	<b>3.</b>			
P	art 11:	Give Details	About Your B	usiness or Connection	ons to Any Business	
27.	Within busine		u filed for bankru	otcy, did you own a busin	ess or have any of the following connecti	ons to any
		A member of a line A partner in a pa An officer, director	mited liability comp rtnership or, or managing ex	n a trade, profession, or oth any (LLC) or limited liability ecutive of a corporation g or equity securities of a c	•	
			re applies. Go to F oply above and fill	art 12. n the details below for eac	h business.	

Det	otor 1	Case 16-05264 VANESSA L First Name M	Doc 1 File	d 02/18/16 MBA 10/18/2011	Entered ( <del>Page</del> 39 <sup>0</sup> 8	02/18/16 14:17:24 pegysmber (if known)	Desc2/M/2in6 12:40:07pn
28.		2 years before you filed noial institutions, credit			ncial statement t	o anyone about your busii	ness? Include
	□ No □ Yes	s. Fill in the details below	v.	• •		."	
P	art 12:	Sign Below					
pro or t	t answer perty by both. 18	s are true and correct.	I understand that matth that matter it is a bankruptcy case	aking a false sta e can result in fi	tement, conceal nes up to \$250,0	d I declare under penalty of ing property, or obtaining 00, or imprisonment for up	money or
I	Date	02/18/2016		Date	· · · · · · · ·	•	
Did	you atta	ch additional pages to	Your Statement of Fi	inancial Affairs i	or Individuals Fi	<i>iling for Bankruptcy</i> (Offici	al Form 107)?
<b>V</b>	No Yes						
Did	you pay	or agree to pay someo	ne who is not an atte	orney to help yo	u fill out bankru	ptcy forms?	
		me of person				Attach the Bankruptcy Pe	etition Preparer's Notice.
		·				Declaration, and Signature	

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### UNITED STATES BANKRUPTER OCERT **NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)**

IN RE: VANESSA L KIMBALL

Date \_2/18/2016

Date \_\_\_\_

CASE NO

CHAPTER 13

## **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the	e attached list of creditors is tru	ue and correct to the	best of his/her
knowledge.			
		013	A ~~

Signature \_\_\_\_

CODILIS & ASSOCIATES, P.C 15W030 N Frontage Rd, Burr Ridge, IL 60527 Phone: (630) 794-5300

Ditech Financial, LLC 1100 Virginia Dr #100a Fort Washington, PA 19034

GREENTREE MORTGAGE
POBOX 94710
PALATINE IL 60094-4710

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Debtor(s): VANESCASCAMBALO5264 DOC 1 FCHORO02/18/16 Entered 02/18/16 14:17:24 NORTHER CARRESTOR MAIN CONTROL Page 42 of 45

EASTERN DIVISION (CHICAGO)

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Ditech Financial, LLC 1100 Virginia Dr #100a Fort Washington, PA 19034

GREENTREE MORTGAGE
POBOX 94710
PALATINE IL 60094-4710

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CODILIS & ASSOCIATES, P.C 15W030 N Frontage Rd, Burr Ridge, IL 60527 Phone: (630) 794-5300

Ditech Financial, LLC 1100 Virginia Dr #100a Fort Washington, PA 19034

GREENTREE MORTGAGE POBOX 94710 PALATINE IL 60094-4710

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## UNITED SPATES BANKROPP CY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: VANESSA L KIMBALL

CASE NO.

CHAPTER 13

#### **CERTIFICATE OF SERVICE**

•••••••••••••••••••••••••••••••••••••••		
	oruary 18, 2016, a copy of the attached Chapter 13 Plan, with any attachments, elow, by placing each copy in an envelope properly addressed, postage fully	
Date: 2/18/2016	Attorney for the Debtor(s)	
CODILIS & ASSOCIATES, P.C xxxx-xx-x2422 15W030 N Frontage Rd,		
Burr Ridge,IL 60527 Phone:(630) 794-5300		
Ditech Financial, LLC xxxxx9629		
1100 Virginia Dr #100a		

Fort Washington, PA 19034

GREENTREE MORTGAGE xxxxx9629 POBOX 94710 PALATINE IL 60094-4710

VANESSA L KIMBALL 8000 S WOODLAWN AVENUE CHICAGO IL 60619 Case 16-05264 Doc 1 Filed 02/18/16 Entered 02/18/16 14:17:24 Des@/Main<sub>6 12:40:10pm</sub> Document Page 45 of 45

# UNITED STATES BANKRUPTCY COURT FOR THE

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

SSN: <u>xxx-xx-6170</u> SSN: \_\_\_\_

Case No.:

VANESSA L KIMBALL

Debtor(s)

Address: Numbered Listing of Creditors				
Chapter: 13				
Category of claim	Amount of claim			
Unsecured Claim	\$0.00			
Secured Claim	\$23,200.00			
Secured Claim	\$80,000.00			
DECLARATION  enalty of perjury that I have read the foregoing eclaration), and that it is true and correct to the	Numbered Listing of Creditors, best of my information and belief.			
	Chapter: 13  Category of claim Unsecured Claim  Secured Claim  Secured Claim  DECLARATION  enalty of perjury that I have read the foregoing eclaration), and that it is true and correct to the			